

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

ENTERED

Date Stamp (Received)
JUN 02 2014
Bayesian Learning Dept.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$134,354	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic tank</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<i>to connect to sewer building</i>	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the truth and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent: _____ Date _____

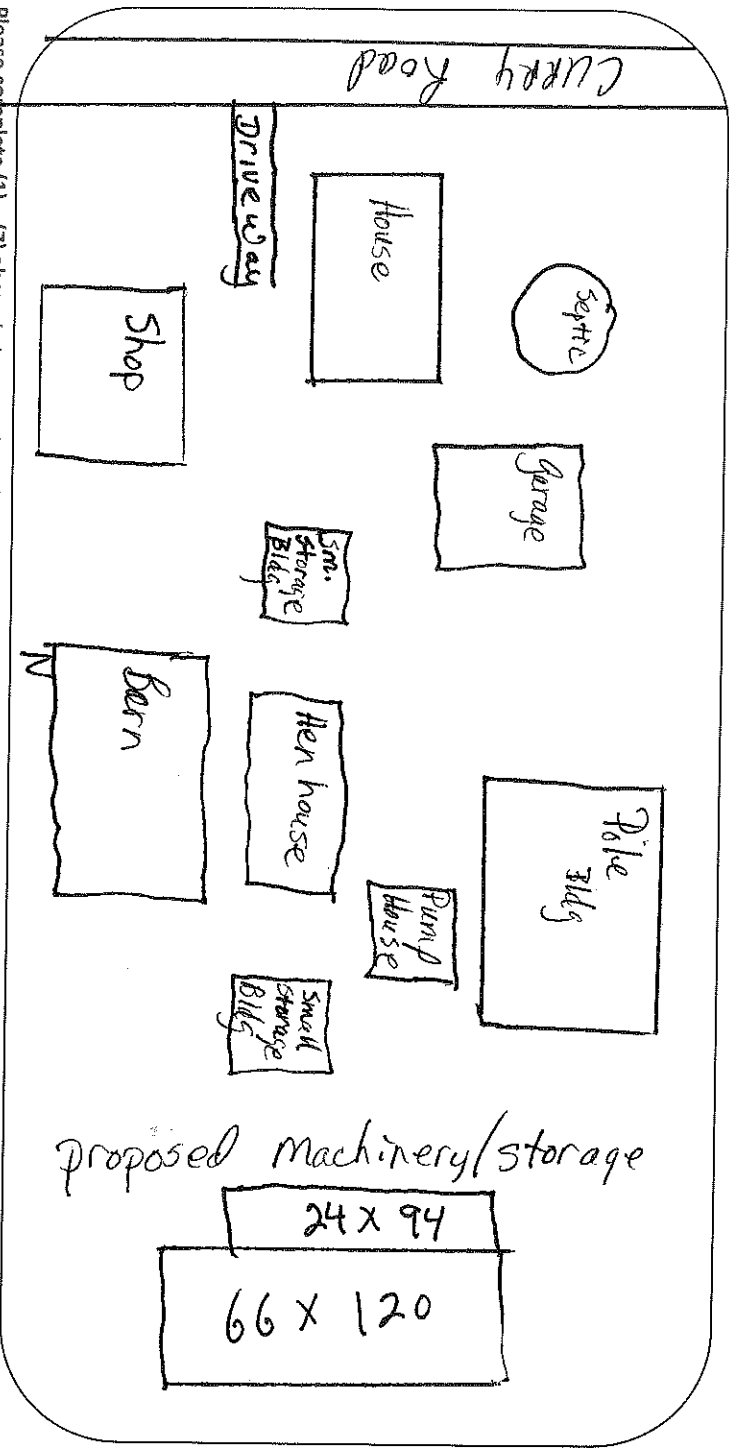
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Copy of Tax Statement

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

See attached Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	4'-5'50"	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	13'0"
Setback from the North Lot Line	4'-1'20"	Setback from the Bank or Bluff	
Setback from the South Lot Line	4'-3'00"	Setback from Wetland	
Setback from the West Lot Line	4'-1'50"	Setback from 20% Slope Area	
Setback from the East Lot Line	4'-5'00"	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	4'-2'00"	Setback to Well	
Setback to Drain Field	4'-2'00"		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>14-0134</u>		Permit Date: <u>6-16-14</u>			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No		
Is Parcel in Common Ownership		<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No		
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Record: <i>claim it is residential use only, as commercial use is not to be submitted.</i>		Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Date of Inspection: <u>6-10-14</u>		Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)		We're Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Zoning District
Signature of Inspector: <i>under plumbing.</i>		Date of Re-Inspection:		Lakes Classification	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
Hold For Fees: <input type="checkbox"/>		Date of Approval: <u>6-12-14</u>			

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)

JUN 13 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0146
Date:	6-19-14
Amount Paid:	\$1056-13-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: PAUL D. OSMAR	Mailing Address: 66509 Colby Rd City/State/Zip: MASON WI, 54856 Telephone: 715-746-2356
Address of Property: 66509 COLBY ROAD	City/State/Zip: MASON WI, 54856
Contractor: Silver Creek Garage & Post Frame	Contractor Phone: 715-681-0667 Plumber: Plumber Plumber Phone: Plumber
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: 715-681-0667 Agent Mailing Address (include City/State/Zip): Plumber Written Authorization Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: SE 1/4, NE 1/4	PIN: (23 digits) FILED 15800 Recorded Document: (i.e. Property Ownership) Volume: 1666 Page(s): 350
Legal Description: (Use Tax Statement)	Subdivision: FILED 15800
Gov't Lot: SE 1/4, NE 1/4	Lot(s) No.: FILED 15800 Block(s) No.: FILED 15800
Lot(s): FILED 15800	Vol & Page: FILED 15800 Lot Size: 34.35
Section: 20 , Township: 47 N, Range: 05 W	Town of: FILED 15800

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: 1000 feet	Distance Structure is from Shoreline: 1000 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Value at Time of Completion * include donated time & material: \$35,000	Project (What are you applying for): New Construction	# of Stories and/or basement: 1-Story	Use: Seasonal	# of bedrooms: 1	What Type of Sewer/Sanitary System Is on the property? Municipal/City	Water: <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: Sanitary (Exists)
<input type="checkbox"/> Conversion	<input type="checkbox"/> Basement	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	Specify Type: 1 1/2" Vented
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> Pole Barn	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 80'	Width: 42'	Height: 12'
Proposed Construction:			

Proposed Use: <input checked="" type="checkbox"/> Residential Use	Proposed Structure: Principal Structure (first structure on property)	Dimensions: 42' x 80'	Square Footage: 3600
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)		
<input type="checkbox"/> Municipal Use	with Loft		
	with a Porch		
	with (2nd) Deck		
	with a Deck		
	with (2nd) Deck		
	with Attached Garage		
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		
	Mobile Home (manufactured date)		
	Addition/Alteration (specify)		
	Accessory Building (specify)		
	Accessory Building Addition/Alteration (specify)		
	Special Use: (explain)		
	Conditional Use: (explain)		
	Other: (explain)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

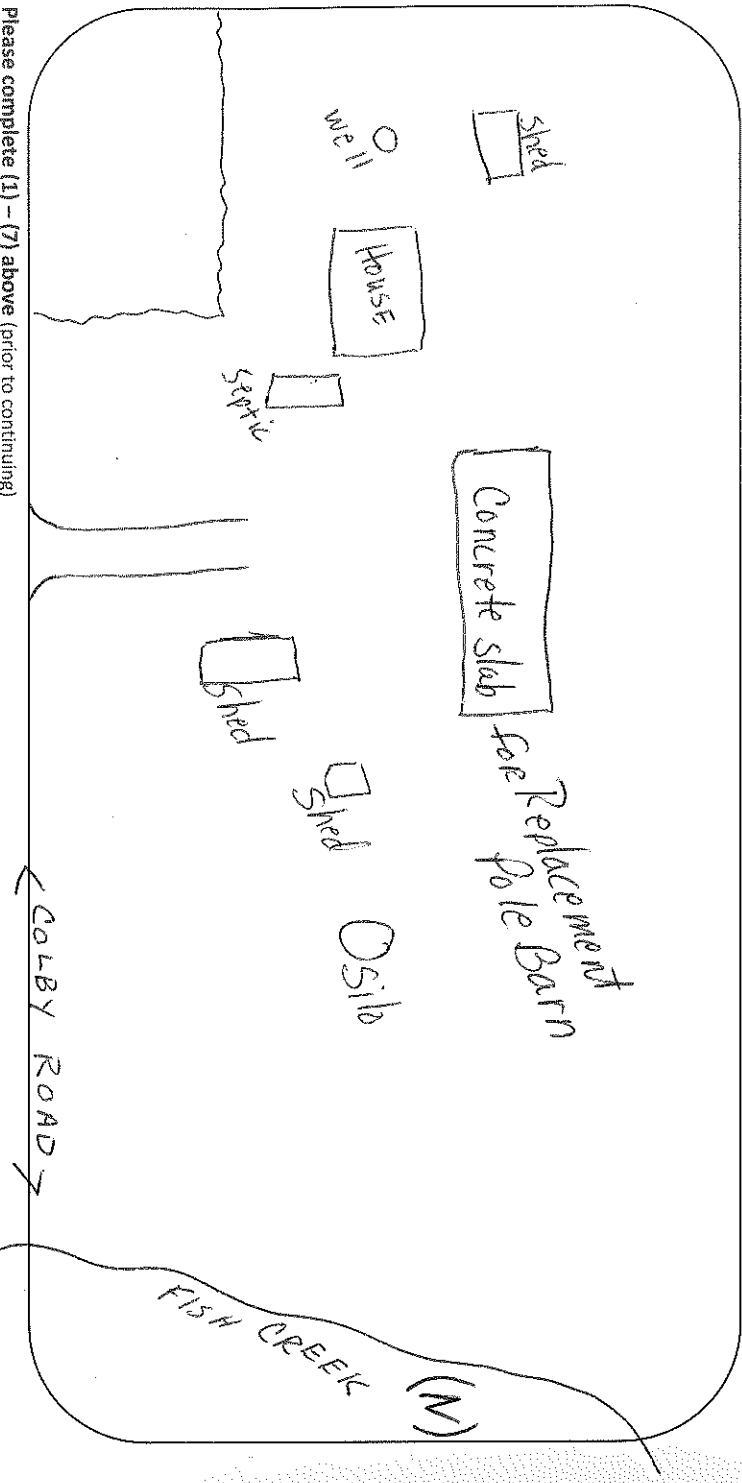
Owner(s): **Paul Osmar**
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **Same**
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: **Same**
Date: **6-19-14**
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	350 Feet	Setback from the Lake (ordinary high-water mark)	399.5 Feet
Setback from the Established Right-of-Way	400 Feet	Setback from the River, Stream, Creek	4000 Feet
Setback from the North Lot Line	4200 Feet	Setback from the Bank or Bluff	3990 Feet
Setback from the South Lot Line	400 Feet	Setback from Wetland	
Setback from the West Lot Line	1000 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	275 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	72 Feet	Setback to Well	40 Feet
Setback to Drain Field	72 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 14-0146		Permit Date: 6-19-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Deed of Record <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Inspected by: C. R. B. Murphy		Zoning District: A-1 Lakes Classification: 14A-1	
Date of Inspection: 6-17-14		Inspected by: C. R. B. Murphy		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) NOT APPROPRIATE FOR HUMANS HABITATION OR INDOOR PLUMBING FIXTURES CONVERTED TO PRESSURIZED WATER.					
Signature of Inspector:		Date of Approval: 6-19-14			
Hold For Sanitary: <input type="checkbox"/> <input checked="" type="checkbox"/> Hold For TBA: <input type="checkbox"/> <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> <input type="checkbox"/> Hold For Fees: <input type="checkbox"/> <input type="checkbox"/>					

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Required)
JUN 11 2014
Bayfield Co. Zoning Dept.

Permit #:	14-0147
Date:	6-19-14
Amount Paid:	\$185 6-18-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: MARK & SHARON MONTANA	Mailing Address: 220 3RD DEE.	City/State/Zip: ASHLAND, WI 54806	Telephone: 715 682 5537
Address of Property: 68435 WIPPERFURTH ROAD	City/State/Zip: ASHLAND, WISC 54806	Plumber: N/A	Cell Phone: 715 292 5537
Contractor: ARNIE MACKEL CONST. INC.	Contractor Phone: 715 682 9128	Plumber: N/A	Plumber Phone:
Authorized Agent: (Person Signing Application on Behalf of Owner(s))	Agent Phone: 715 682 9128	Agent Mailing Address (Include City/State/Zip): 401 LAKE SHORE DR. E. ASHLAND, WISC 54806	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: SE 1/4, NW 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 020 2 47 05 12 2 04 000 60000	Recorded Document: (i.e. Property Ownership) Volume 1802 Page(s) 225
Section 12, Township 47 N, Range 5 W	Town of: EILEEN	Lot Size	Acres: 5.0

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Other	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If Yes—continue →	Distance Structure is from Shoreline: 132 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes—continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$15000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> None
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> None
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None
<input type="checkbox"/>	<input checked="" type="checkbox"/> SHED	<input checked="" type="checkbox"/> SHED	<input checked="" type="checkbox"/> SHED	<input checked="" type="checkbox"/> SHED	<input checked="" type="checkbox"/> SHED	<input checked="" type="checkbox"/> SHED

Existing Structure: (if permit being applied for is relevant to it)	Length: 32'	Width: 23'	Height: 16'
Proposed Construction:	Length: 32'	Width: 23'	Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/> Municipal Use	with Loft	() X ()	
	with a Porch	() X ()	
	with (2nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2nd) Deck	() X ()	
	with Attached Garage	() X ()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
	Addition/Alteration (specify)	() X ()	
	Accessory Building (specify) 28X32 GARAGE	(28 X 32)	896
	Accessory Building Addition/Alteration (specify)	() X ()	
	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	

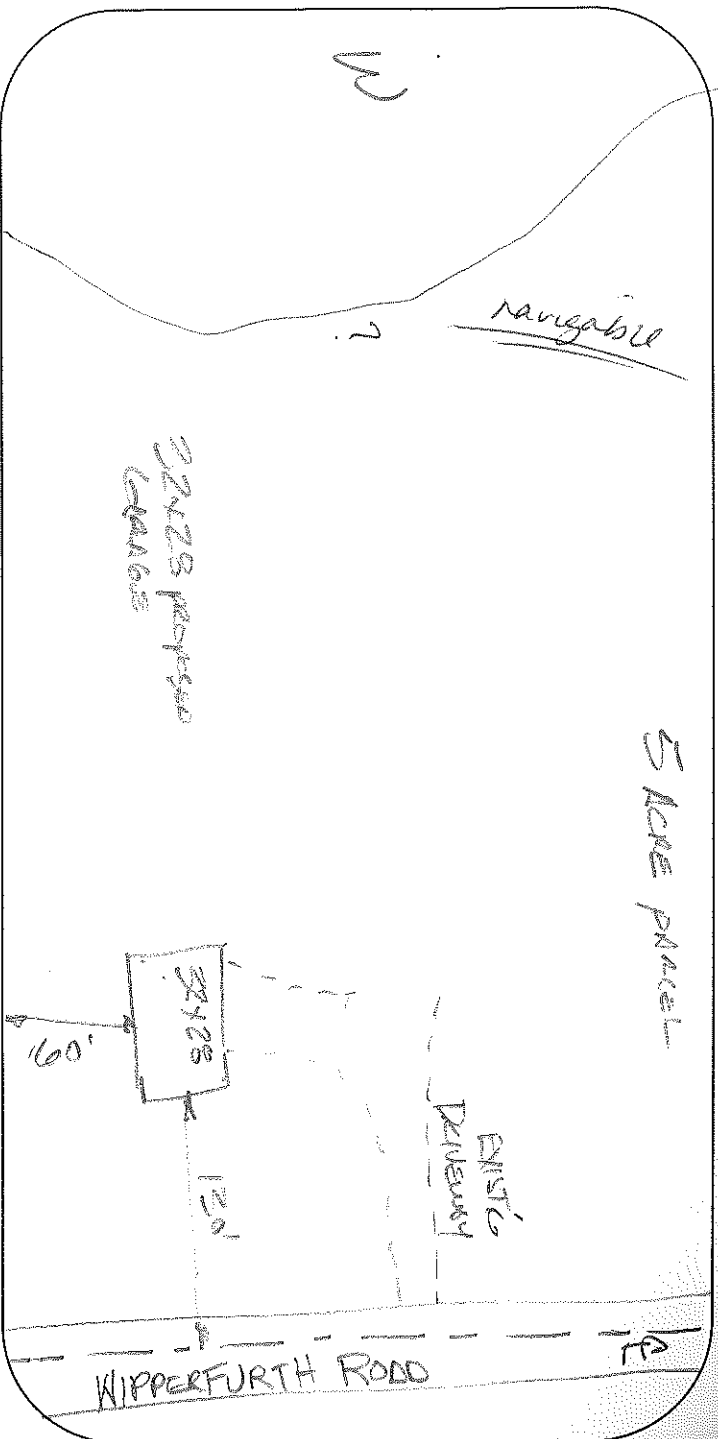
Rec'd for Issuance JUN 19 2014
Secretarial Staff
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: ARNIE MACKEL CONST
Date: 6-10-14
Address to send permit: DMC 401 LAKE SHORE DR. E. ASHLAND WI 54806
Copy of Tax Statement
Attach

Box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of:
- (2) Show / Indicate:
- (3) Show Location of (*):
- (4) Show:
- (5) Show:
- (6) Show any (*):
- (7) Show any (*):

- Proposed Construction**
- North (N) on Plot Plan
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	200? Feet
Setback from the North Lot Line	398 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	160 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	309 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	190 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	111 Feet	Setback to Well	Feet
Setback to Drain Field	114 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0147		Permit Date: 6-19-14		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Dead of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record: OWNER'S PRESENT. VERBALLY OK TO OBTAIN DISTRICT USE BEGIN CONSTRUCTION. (NO WORK & CARS ON SLOPE)		Zoning District (R-1)		
Date of Inspection: 6-17-14		Lakes Classification (3 - NATURAL SPECIES)		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:		
NOT APPEARED FOR TOWN HABITATION OR INDOOR PLUMBING FIXTURES CONVERTED TO PRESSURIZED WATER, 30 FT SIDEYARD SETBACK FOR CLASS II WATERWAY		Date of Approval: 6-19-14		
Signature of Inspector:		Date of Approval:		
Hold For Sanitary: <input type="checkbox"/>		Hold For TIA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>